



REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Serial No.	10544 175
	Filing Date	August 21, 2002
	First Named Inventor	Tennenden, M.
	Att. Unit	1615
	Examiner Name	T. Page
	Attorney Docket Number	NY HSA/DR-202

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
 OR  
☒ I hereby appoint the practitioners associated with the Customer Number 24972

☒ Please change the correspondence address for the above-identified application to:  
☒ The address associated with Customer Number 24972  
 OR

☐ Current  
☒ Proposed Name: James R. Crawford  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Country: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: 212-318-3148 Fax: 212-318-3400

☐ I am the  
☐ Applicant/Inventor  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE-09)

**SIGNATURE of Applicant or Assignee of Record**  
 Name: Bar-Ilan University  
 Signature: [Signature] **DEPUTY DIRECTOR GENERAL**  
 Date: 30 July 2007 **FINANCE** Telephone: \_\_\_\_\_  
 NOTE: A signature of either the inventor or assignee of record of the entire interest or their representative(s) are required. Prof. Harold Sauch  
☐ If filed, \_\_\_\_\_, forms are submitted.

**Revocation of Power of Attorney or Authorization of Agent**  
 I hereby certify that this correspondence is being sent by facsimile to 1-541-210-9300 addressed to: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1459 on the date shown below.  
 Dated: \_\_\_\_\_ Signature: [Signature] (James Crawford)